

COMMISSION ON STATE MANDATES

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SACRAMENTO, CA 95814
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May 22, 2007

TO: All Interested Persons

FROM: Paula Higashi, Executive Director

SUBJECT: Proposed Incorrect Reduction Claim Form and
Proposed Notice of Intent to Join a Consolidated Incorrect Reduction Claim

On March 29, 2007, the Commission on State Mandates (Commission) adopted the regulatory action to implement Assembly Bill 2652 (Stats. 2006, ch. 168), which reforms the Commission's incorrect reduction claims process. The new and amended sections under Article 5 of the Commission's regulations were effective on May 8, 2007.

Enclosed for your review and comment are two proposed forms, which are required by section 1185.2 of the Commission's regulations: 1) a revised Incorrect Reduction Claim Form, and 2) a proposed Notice of Intent to Join a Consolidated Incorrect Reduction Claim. These forms will take effect on June 4, 2007, if no objections are received by June 1, 2007.

If you have any questions, please call Cathy Cruz Jefferson at (916) 323-8218.

Enclosures

**COMMISSION ON STATE MANDATES
INCORRECT REDUCTION CLAIM FORM**

Authorized by Government Code section 17558.7
(Revised May 2007)

GENERAL INSTRUCTIONS

- ☐ To obtain a determination that the Office of State Controller incorrectly reduced a reimbursement claim, a claimant shall file an "incorrect reduction claim" with the commission. All incorrect reduction claims shall be filed with the commission no later than three (3) years following the date of the Office of State Controller's final state audit report, letter, remittance advice, or other written notice of adjustment notifying the claimant of a reduction.
- ☐ An incorrect reduction claim shall pertain to alleged incorrect reductions in a reimbursement claim(s) filed by one claimant. The incorrect reduction claim may be for more than one fiscal year.
- ☐ Type all responses.
- ☐ Complete sections 1 through 12, as indicated. Failure to complete any of these sections will result in this incorrect reduction claim being returned as incomplete.
- ☐ Original incorrect reduction claim submissions shall be unbound, single-sided, and without tabs. Copies may be double-sided, but unbound and without tabs.
- ☐ Mail, or hand-deliver, one original and two copies of your incorrect reduction claim submission to:

**Commission on State Mandates
980 Ninth Street, Suite 300
Sacramento, CA 95814**

OR

E-mail an Adobe Acrobat PDF file to: csminfo@csm.ca.gov. This will satisfy all the service requirements under California Code of Regulations, title 2, section 1181.2, subdivision (d).

Within ten (10) days of receipt of an incorrect reduction claim, commission staff shall notify the claimant if the incorrect reduction claim is complete or incomplete. Incorrect reduction claims will be considered incomplete if any of the required sections are illegible or not included. Incomplete incorrect reduction claims shall be returned to the claimant. If a complete incorrect reduction claim is not received by the Commission within thirty (30) days from the date the incomplete claim was returned to the claimant, the Commission shall deem the filing to be withdrawn.

You may download this form from our website! If you have any questions, please contact us:

Web Site: www.csm.ca.gov
Telephone: (916) 323-3562
Fax: (916) 445-0278
E-Mail: csminfo@csm.ca.gov

1. INCORRECT REDUCTION CLAIM TITLE

2. CLAIMANT INFORMATION

Name of Local Agency or School District

Claimant Contact

Title

Street Address

City, State, Zip

Telephone Number

Fax Number

E-Mail Address

3. CLAIMANT REPRESENTATIVE INFORMATION

Claimant designates the following person to act as its sole representative in this incorrect reduction claim. All correspondence and communications regarding this claim shall be forwarded to this representative. Any change in representation must be authorized by the claimant in writing, and sent to the Commission on State Mandates.

Claimant Representative Name

Title

Organization

Street Address

City, State, Zip

Telephone Number

Fax Number

E-Mail Address

For CSM Use Only

Filing Date:

IRC #:

4. IDENTIFICATION OF STATUTES OR EXECUTIVE ORDERS

Please specify the statute or executive order.

5. AMOUNT OF INCORRECT REDUCTION

Please specify the fiscal year and amount of reduction. More than one fiscal year may be claimed.

<u>Fiscal Year</u>	<u>Amount of Reduction</u>
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TOTAL:

6. NOTICE OF INTENT TO CONSOLIDATE

Please check the box below if there is intent to consolidate this claim.

☐ **Yes, this claim is being filed with the intent to consolidate on behalf of other claimants.**

Sections 7 through 11 are attached as follows:

7. Written Detailed

Narrative: _____ pages ____ to ____.

8. Documentary Evidence and Declarations:

Exhibit ____.

9. Claiming Instructions:

Exhibit ____.

10. Final State Audit Report or Other Written Notice of Adjustment:

Exhibit ____.

11. Reimbursement Claims:

Exhibit ____.

Sections 7 through 11 shall be included with each incorrect reduction claim submittal.

7. WRITTEN DETAILED NARRATIVE

Under the heading “7. Written Detailed Narrative,” please describe the alleged incorrect reduction(s). The narrative shall include a comprehensive description of the reduced or disallowed area(s) of cost(s).

8. DOCUMENTARY EVIDENCE AND DECLARATIONS

If the narrative describing the alleged incorrect reduction(s) involves more than discussion of statutes or regulations or legal argument and utilizes assertions or representations of fact, such assertions or representations shall be supported by testimonial or documentary evidence and shall be submitted with the claim under the heading “8. Documentary Evidence and Declarations.” All documentary evidence must be authenticated by declarations under penalty of perjury signed by persons who are authorized and competent to do so and be based upon the declarant's personal knowledge or information or belief.

9. CLAIMING INSTRUCTIONS

Under the heading “9. Claiming Instructions,” please include a copy of the Office of State Controller's claiming instructions that were in effect during the fiscal year(s) of the reimbursement claim(s).

10. FINAL STATE AUDIT REPORT OR OTHER WRITTEN NOTICE OF ADJUSTMENT

Under the heading “10. Final State Audit Report or Other Written Notice of Adjustment,” please include a copy of the final state audit report, letter, remittance advice, or other written notice of adjustment from the Office of State Controller that explains the reason(s) for the reduction or disallowance.

11. REIMBURSEMENT CLAIMS

Under the heading “11. Reimbursement Claims,” please include a copy of the subject reimbursement claims the claimant submitted to the Office of State Controller.

12. CLAIM CERTIFICATION

*Read, sign, and date this section and insert at the end of the incorrect reduction claim submission.**

This claim alleges an incorrect reduction of a reimbursement claim filed with the State Controller's Office pursuant to Government Code section 17561. This incorrect reduction claim is filed pursuant to Government Code section 17551, subdivision (d). I hereby declare, under penalty of perjury under the laws of the State of California, that the information in this incorrect reduction claim submission is true and complete to the best of my own knowledge or information or belief.

Print or Type Name of Authorized Local Agency
or School District Official

Print or Type Title

Signature of Authorized Local Agency or
School District Official

Date

** If the declarant for this Claim Certification is different from the Claimant contact identified in section 2 of the incorrect reduction claim form, please provide the declarant's address, telephone number, fax number, and e-mail address below.*

**COMMISSION ON STATE MANDATES
NOTICE OF INTENT TO JOIN A CONSOLIDATED
INCORRECT REDUCTION CLAIM**

Authorized by Government Code section 17558.7
(IRC - ME2 Form May 2007)

GENERAL INSTRUCTIONS

On behalf of a class of claimants, an individual claimant may initiate the consolidation of claims alleging an incorrect reduction as described in Government Code section 17558.7.

- ☐ Within thirty (30) days of receipt of the Commission's notice regarding an individual claimant's intent to consolidate an incorrect reduction claim, any other eligible claimant may, using this form, file its notice of intent to join the consolidated incorrect reduction claim.
- ☐ Type all responses.
- ☐ Complete sections 1 through 5 and 7, as indicated. Failure to complete any of these sections will result in this intent to join a consolidated incorrect reduction claim to be returned as incomplete.
- ☐ Mail, or hand-deliver, one original and two copies of your intent to join a consolidated incorrect reduction claim submission to:

**Commission on State Mandates
980 Ninth Street, Suite 300
Sacramento, CA 95814**

OR

E-mail an Adobe Acrobat PDF file to: csminfo@csm.ca.gov. This will satisfy all the service requirements under California Code of Regulations, title 2, section 1181.2, subdivision (d).

Within ten (10) days of receipt of a notice of intent to join a consolidated incorrect reduction claim, commission staff shall notify the joint-claimant if the notice of intent to join is complete or incomplete. Notices of intent to join a consolidated incorrect reduction claim will be considered incomplete if any of the required sections are illegible or not included. Incomplete notices of intent shall be returned to the joint-claimant. If a complete notice of intent to join a consolidated incorrect reduction claim is not received by the commission within thirty (30) days from the date the incomplete notice of intent was returned to the joint-claimant, the commission shall deem the filing to be withdrawn.

You may download this form from our website! If you have any questions, please contact us:

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NOTICE OF INTENT TO JOIN A CONSOLIDATED INCORRECT REDUCTION CLAIM

1. TITLE OF CONSOLIDATED INCORRECT REDUCTION CLAIM

2. JOINT-CLAIMANT INFORMATION

Name of Local Agency or School District

Joint-Claimant Contact

Title

Street Address

City, State, Zip

Telephone Number

Fax Number

E-Mail Address

3. AMOUNT OF INCORRECT REDUCTION

Please specify the fiscal year and amount of reduction. More than one fiscal year may be claimed.

<u>Fiscal Year</u>	<u>Amount of Reduction</u>

TOTAL:

4. FINAL STATE AUDIT REPORT OR OTHER WRITTEN NOTICE OF ADJUSTMENT

Please include a copy of the final state audit report, letter, remittance advice, or other written notice of adjustment from the Office of State Controller that explains the reason(s) for the reduction or disallowance.

5. REIMBURSEMENT CLAIMS

Please include a copy of the subject reimbursement claims submitted to the Office of State Controller.

For CSM Use Only

Filing Date:

Consolidated IRC #:

6. OPTING OUT PROCEDURES

To opt out of a consolidated incorrect reduction claim, a joint-claimant shall file a written notice with the Commission within fifteen (15) days of service of the Office of State Controller's comments. A copy of the notice must be served on all parties and interested parties on the mailing list. Proof of service shall be filed with the notice pursuant to section 1181.2.

No later than one (1) year after opting out, or within the statute of limitations under section 1185(b) of the Commission's regulations, whichever is later, a claimant that opts out of a consolidated claim shall file an individual incorrect reduction claim pursuant to Commission requirements in order to preserve its right to challenge a reduction made by the Controller on that same mandate.

If a claimant opts out of a consolidated incorrect reduction claim and an individual incorrect reduction claim for that entity is already on file with the Commission, the individual filing is automatically reinstated.

7. CLAIM CERTIFICATION

Joint-Claimant authorizes the original claimant in the above-named incorrect reduction claim to act as its representative in this consolidated incorrect reduction claim, which is filed pursuant to Government Code section 17558.7. I hereby declare, under penalty of perjury under the laws of the State of California, that the information in this intent to join a consolidated incorrect reduction claim is true and complete to the best of my own knowledge or information or belief.

Name & Title of Authorized Local Agency/School District Official

Signature

Date